

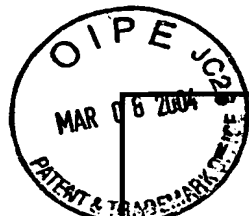
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PTO/SB/21 (08-00)

Approval for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

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Application Number	09/735,712	RECEIVED
Filing Date	12/12/00	
First Named Inventor	Walke	MAR 10 2004
Group Art Unit	1646	
Examiner Name	R. Li	
Total Number of Pages in This Submission	18	Attorney Docket Number
		LEX-0109-USA

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard
Remarks: Customer # 24231		

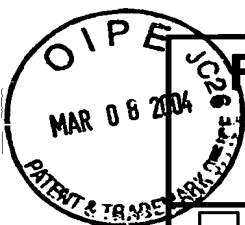
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lance K. Ishimoto Reg. No. 41,866 Lexicon Genetics Incorporated
Signature	<i>Lance K. Ishimoto by David W. Hoyer</i> DAVID W. HOYER REG. NO. 41,071
Date	March 1, 2004

CERTIFICATE OF MAILING

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Typed or printed name	Nancy Stacey	
Signature	<i>Nancy Stacey</i>	Date
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FEE TRANSMITTAL for FY 2004		Complete if Known	
Patent fees are subject to annual revision.		Application Number	09/735,712
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	12/12/00
		First Named Inventor	Walke
		Examiner Name	R. Li
		Group Art Unit	1646
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	LEX-0109-USA
(\$)			

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MAR 10 2004

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number: 50-0892		Fee Code	Fee (\$)
Deposit Account Name: Lexicon Genetics Incorporated		Fee Code	Fee (\$)
The Commissioner is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-20**=	Extra Claims	Fee from below
Independent Claims	-3**=		
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
SUBTOTAL (2) (\$)			
*or number previously paid, if greater; For Reissues, see above			
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		(\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lance K. Ishimoto	Registration No. (Attorney/Agent)	41,866
Signature	<i>Lance K. Ishimoto by David W. Hebl</i>	Telephone	(281) 863-3333
	DAVID W. HEBL REG. NO. 41,071	Date	March 1, 2004

Customer # 24231

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